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ABSTRACT

The crisis hotline was probably the earliest use of the telephone for counseling purposes, begun in the 1960s as a suicide prevention service. Crisis counseling is designed to be therapeutic and to result in insight. The telephone has come to be used in a variety of ways for more traditional therapy which differs in basic assumptions and focus from crisis intervention. Traditional therapy usually involves a series of contacts between a mental health professional and a client in an attempt to change client behaviors which interfere with work or social relationships, bringing about substantial change in perspective. While it is readily apparent that the telephone would be useful for the kind of short-term, often anonymous, crisis counseling conducted primarily by volunteers, uses of the telephone for more formal therapy have been less apparent and slower to develop. However, traditional therapy is in the process of being redefined, expanded, and decentralized by the telephone and other forms of mediated communication. Therapy has exploded into uncharted territory via call-in radio and television programs as well as by computerized formats. The telephone is less visible but equally revolutionary in its impact. (ABL)

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Therapy on the Telephone:

The Decentralization of Traditional Therapy

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Therapy On The Telephone:
The Decentralization of Traditional Therapy

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Introduction

Invented in 1876, the telephone now reaches into more than 96% of U.S. households, and public telephones are readily available. Studied by few, the telephone has had revolutionary impact on social relations, business transactions, and crisis management. The crisis hotline was probably the earliest utilization of the telephone for counseling purposes, begun in the 1960's as a suicide prevention service. Crisis counseling is designed to be "therapeutic," that is, resulting in insight or enabling one to participate in more satisfying ways in the future (Barnlund, 1968). In addition to crisis intervention, the telephone has come to be used in a variety of ways for more traditional therapy which differs in basic assumptions and focus from crisis intervention. Traditional therapy usually involves a series of contacts between a mental health professional and a client in an attempt to change client behaviors which interfere with work or social relationships, bringing about substantial change in perspective (Barnlund, 1968). Consequently, it is readily apparent that the telephone would be useful for the kind of short-term, often anonymous, crisis counseling conducted primarily by volunteers. Uses of the telephone for more formal therapy, however, have been less apparent and slower to develop.

This paper is an investigation into the use of the telephone for purposes of conducting therapy. It will be organized around the traditional investigative

questions: Who, what, when, where, why, how? The thesis, inductively drawn, is that the telephone is reshaping and expanding the traditional definition of therapy.

Who

Reports of telephone therapy in the 1970's and '80's include counseling visually impaired people (Evans and Jaureguy, 1981; Evans, Werkhoven, and Fox, 1982; Jaureguy and Evans, 1982), treating social isolation (Evans, Werkhoven, and Fox, 1982; Shilman and Giladi, 1985), conducting hypnotherapy (Cooperman and Schafer, 1983; Gravitz, 1983), counseling between regular visits (Hymer, 1984), providing therapy for agoraphobia (Taylor, 1984), conducting follow-up treatment after residential care (Magura and Moses, 1985), conducting therapy after a geographical move (Rosenbaum, 1977), counseling the elderly (Schmidt, 1985; Evans, Werkhoven, and Fox, 1982; Herzog, Rodgers, and Kulka, 1983), counseling groups and families (Evans, Fox, Pritzl, and Halar, 1984; Evans, Kleinman, Halar, and Herzer, 1984; Hightower and Dimalanta, 1980; Jaureguy and Evans, 1982), treating adolescent smokers (McConnell, Biglan, and Severson, 1984), counseling physically disabled individuals (Evans, Fox, Pritzl, and Halar, 1984), treating hard-to-reach clients (Ranan and Blodgett, 1983; Grumet, 1979), and conducting on-going psychoanalysis (Hymer, 1984).

What

The telephone itself is a technological instrument capable of transmitting the voice over long distances, yet offering the opportunity for private interaction and demanding total participation of the part of the users. According to Miller (1973) the telephone is characterized by its "spatial property," its

"temporal property," its channel capacity, its machine characteristics, and its dyadic nature. The telephone bridges geographical boundaries, thus permitting ongoing relationships across distance. Simultaneously, the telephone receiver and thus the voice is placed within one's zone of intimacy, suggesting close contact. This "near but far" characteristic may encourage disclosure by minimizing the perception of risk and vulnerability.

The temporal nature of the telephone is such that it allows access to others potentially at any time. This quality of immediacy may serve as a safety valve for anxiety or fear and may encourage frequency of contact.

The telephone is limited to the auditory channel, thereby restricting available information solely to verbal and paralinguistic cues. Consequently, uncertainty of meaning is heightened, and words and voice must compensate for absent nonverbal cues in regulating conversation (Miller and Cannell, 1982). While reduced nonverbal information may add to the difficulty of communicating effectively, it may also provide a measure of perceived protection for a client. Further, it may facilitate more probing verbal information.

As a machine, the telephone may evoke connotations of coldness, distance, and impersonality--feelings which could inhibit effective therapy. Because the telephone is ubiquitous and taken for granted, it retains none of its novelty which might have once counteracted such an effect. However, this impersonality may serve a protective need for some clients.

The telephone is essentially dyadic and private despite its ability to allow conference calls or speaker phones. Thus, personal relationships may be developed and maintained over the telephone.

Given the constraints of the medium, can telephone interaction be as successful as face-to-face interaction? In a comparison of telephone and

face-to-face interviews of public opinion, Rogers (1976) found that "data collected by telephone are as complete and accurate as in-person data." Miller and Cannell (1982) in a study of experimental techniques for telephone interviewing argue that the telephone's "affective distance may be an advantage when the question in the interview concerns very sensitive matters." These studies, however, were not examining therapy on the telephone. Nevertheless, Hymer (1984) argues that "common psychic space" shared by therapist and client on the telephone offers a unique opportunity for the client to enhance his or her imagination and transference potential.

Where

Telephone therapy offers a choice of location for both the therapist and client. Relieved from the constraints of the office and the traditional work day, the therapist is free to conduct telephone therapy at a place convenient and suitable to everyone involved. Such flexibility may be perceived as a boon or a bane, but it nevertheless decentralizes the workplace.

Similarly, the client is free from the constraints of place. Grumet (1979) argues that in the absence of the physical environment of the therapist's office, the client is freer to regulate incoming simuli as well as his or her own disclosure because territorial ownership is neutralized. However, the client is confronted with the choice regarding locations (i.e., calling from home, work, phone booth, etc.) which may create additional difficulties and frustrations.

Further, therapy can take place over distance via the telephone. Clients who live in out-of-the-way places or who have difficulty in traveling can be more easily reached.

When

Conceivably, telephone therapy can take place at any time. Presumably, the time will be mutually agreed upon by therapist and client and mutually convenient. Accessibility of the telephone permits freedom from the traditional workday hours.

One of the hazards of telephone therapy, however, is its potential intrusiveness. The telephone itself frequently intrudes into people's private time because it demands an answer. While new technology allows us to unplug the telephone or turn on an answering machine, such action requires a deliberate step to halt the intrusion which some are unwilling to take. Further, clients may be unwilling or unable to abide by calling agreements and consequently may pose a threat to a therapist's private life. The use of the telephone for therapy demands clarity and consensus regarding personal boundaries since the instrument is inherently intrusive. Many therapists currently suggest that a client make use of a 24-hour crisis line between regularly scheduled sessions precisely to avoid this boundary problem.

How

The use of the telephone is reshaping and expanding the traditional definition of therapy in part by redefining the idea of a "session" with all that that entails. The rules and norms surrounding a traditional therapy session are not necessarily applicable to the telephone, and new rules and norms must emerge, often quite explicitly. What constitutes a "session" on the telephone? What is the fee? Is every call "counted"? How does one determine which ones count and which do not? When and where does conversation stop and therapy begin? What about conference calls? Who pays any extra

telephone charges? Are the expectations regarding confidentiality the same? Clearly, the telephone blurs the lines of demarcation between therapy and other forms of interaction.

Why

The reasons for the expansion of traditional therapy into telephone therapy can be analyzed on several levels.

Society. The "telecommunications era" has been evolving over a period of decades and has resulted in both incremental and dramatic changes in the ways people interact with each other. The impact of the telephone has been incremental and virtually transparent, that is, with little social analysis or scholarly research. A major consequence of the telephone (along with other simultaneous developments such as the airplane) has been a change in the concept of neighborhood or community. The telephone has allowed the emergence of a "psychological neighborhood" (Aronson, 1982), which is the maintenance of social networks despite residential and geographic dispersion. Thus, the telephone becomes a weapon against isolation and loneliness. Further, the nature of the telephone is such that it comes directly into private space, bypassing the traditional norms of propriety regarding boundaries.

Therapist. Therapists as a group are likely to be ambivalent about the use of the telephone for therapy. Crisis-line services are important and serve therapeutic functions, but traditional therapy is a different matter. Those who embrace the telephone for traditional therapy may actively pursue technological change and may be drawn to its convenience and its ability to reach those who might otherwise be unreachable. Those who resist may fear encroachment into their already threatened private lives and may be unwilling for the medium to influence the process of therapy.

Client. Clients as a group may also be ambivalent about the use of the telephone for therapy. Some, no doubt, will prefer face-to-face personal contact. However, clients who feel anxious, powerless, threatened, humiliated, or vulnerable may prefer the sense of control offered by the telephone (Grumet, 1979). Although the therapist maintains considerable control of the process of therapy on the telephone, the client retains control of the information and to some extent the definition of the situation.

Conclusion

Traditional therapy is in the process of being redefined, expanded, and decentralized by the telephone and other forms of mediated communication. Just as copyright laws designed to protect authors of print are proving inapplicable to video and will thus be revised, the rules of traditional therapy are undergoing redefinition. Therapy has exploded into uncharted territory via call-in radio and television as well as computerized formats. The telephone is less visible but equally revolutionary in its impact.

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